

CIA-23
(Rev. 11/01)

FINANCIAL AFFIDAVIT

IN SUPPORT OF REQUEST FOR ATTORNEY, EXPERT, OR OTHER SERVICES WITHOUT PAYMENT OF FEE

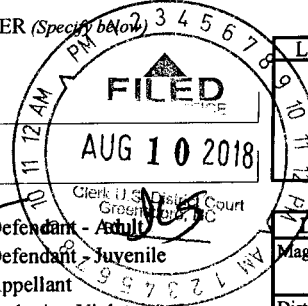
IN THE UNITED STATES ☐ DISTRICT COURT ☐ COURT OF APPEALS ☐ OTHER (Specify below)

IN THE CASE OF

_____ v. _____

FOR

AT



LOCATION NUMBER

DOCKET NUMBERS

Magistrate Judge _____

District Court _____

Court of Appeals _____

PERSON REPRESENTED (Show your full name)

Charles Stanley Benger, Jr.
725 Lillian Cir.
Salisbury, NC 28147
MD4.870.81.08

8.10.1979
229.47.0877

CHARGE/OFFENSE (describe if applicable & check box →)

☐ Felony

☐ Misdemeanor

- 1 ☒ Defendant - Adult
- 2 ☐ Defendant - Juvenile
- 3 ☐ Appellant
- 4 ☐ Probation Violator
- 5 ☐ Supervised Release Violator
- 5 ☐ Habeas Petitioner
- 7 ☐ 2255 Petitioner
- 8 ☐ Material Witness
- 9 ☐ Other (Specify) _____

ANSWERS TO QUESTIONS REGARDING ABILITY TO PAY

INCOME & ASSETS	EMPLOYMENT	Are you now employed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Self-Employed Name and address of employer: <u>United Rentals</u> IF YES, how much do you earn per month? \$ _____ IF NO, give month and year of last employment? <u>24 ago</u> How much did you earn per month? \$ <u>\$13/hr</u>																
		If married, is your spouse employed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IF YES, how much does your spouse earn per month? \$ _____ If you are a minor under age 21, what is the approximate monthly income of your parent(s) or guardian(s)? \$ _____ <u>don't know separated</u>																
	OTHER INCOME	Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <div style="display: flex; justify-content: space-between;"> <div> RECEIVED IF YES, give the amount received and identify the sources \$ _____ \$ _____ \$ _____ </div> <div> SOURCES _____ _____ _____ </div> </div>																
	CASH	Do you have any cash on hand or money in savings or checking accounts? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IF YES, total amount? \$ _____																
	PROPERTY	Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;">IF YES, give value and description for each</th> <th style="width: 20%;">VALUE</th> <th style="width: 40%;">DESCRIPTION</th> </tr> </thead> <tbody> <tr><td> </td><td>\$ _____</td><td> </td></tr> <tr><td> </td><td>\$ _____</td><td> </td></tr> <tr><td> </td><td>\$ _____</td><td> </td></tr> <tr><td> </td><td>\$ _____</td><td> </td></tr> </tbody> </table>		IF YES, give value and description for each	VALUE	DESCRIPTION		\$ _____			\$ _____			\$ _____			\$ _____	
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OBLIGATIONS & DEBTS	DEPENDENTS	MARITAL STATUS Single _____ Married _____ Widowed _____ <input checked="" type="checkbox"/> Separated or Divorced	Total No. of Dependents <u>3</u>	List persons you actually support and your relationship to them <u>14 yr -</u> <u>8 mo - (\$ one on the way)</u>															
	DEBTS & MONTHLY BILLS (Rent, utilities, loans, charge accounts, etc.)	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;">DESCRIPTION</th> <th style="width: 20%;">TOTAL DEBT</th> <th style="width: 40%;">MONTHLY PAYMENT</th> </tr> </thead> <tbody> <tr> <td>medical bills</td> <td>\$ _____</td> <td>\$ <u>unk</u></td> </tr> <tr> <td>credit card</td> <td>\$ _____</td> <td>\$ <u>unk</u></td> </tr> <tr> <td> </td> <td>\$ _____</td> <td> </td> </tr> <tr> <td> </td> <td>\$ _____</td> <td> </td> </tr> </tbody> </table>			DESCRIPTION	TOTAL DEBT	MONTHLY PAYMENT	medical bills	\$ _____	\$ <u>unk</u>	credit card	\$ _____	\$ <u>unk</u>		\$ _____			\$ _____	
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	\$ _____																		
	\$ _____																		
I certify under penalty of perjury that the foregoing is true and correct.																			

I certify under penalty of perjury that the foregoing is true and correct.

X CMW Benger

SIGNATURE OF DEFENDANT
(OR PERSON REPRESENTED)

8.10.18

Date